

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90019 049 ***150.00

DOCUMENT # P02000111273

1. Entity Name
WAYNE A. VASSELLO, CORPORATION



Principal Place of Business
**206 N. BROUGHTON SQUARE
BOYNTON BEACH, FL 33436**

Mailing Address
**206 N. BROUGHTON SQUARE
BOYNTON BEACH, FL 33436**

24005685



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-1160975

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VASSELLO, WAYNE A
206 N. BROUGHTON SQUARE
BOYNTON BEACH, FL 33436**

Name

Street

City

**WAYNE A. VASSELLO
107 S. Abercorn Circle
Boynton Beach, FL 33436**

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P** ☐ Delete
STREET ADDRESS **VASSELLO, WAYNE A**
CITY-ST-ZIP **206 N. BROUGHTON SQUARE
BOYNTON BEACH, FL 33436**

TITLE
NAME **WAYNE A. VASSELLO** ☒ Change ☐ Addition
STREET ADDRESS **107 S. Abercorn Circle**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #